File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE FILED Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR 14 ATTO: 46 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee TALLAHASSEE, FLORIDA \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L98000001263 HTR, L.L.C. 1a. Principal Place of Business Address 12051 WORLD PLAZA LANE, SUITE 51 12051 WORLD PLAZA LANE, SUIT FORT MYERS FL 33907-8108 FORT MYERS FL 33907 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 07/29/1998 FLSuite, Apt. #, etc. Suite, Apt #, etc. 4. FEI Number Applied For City & State City & State 65-0854835 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Ziri Country Žω Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office TEUFEL, THOMAS E MD 12051 WORLD PLAZA LANE, SUITE 51 Street Address (P.O. Box Number is Not Acceptable) FORT NYERS FL 33907 Suite, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608 416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE _ their brief Agent Asserting Appeartments at the Bergmond Agent agent and a production in the en-10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code RARWIN, WILLIAM N MGRM 12051 WORLD PLAZA LANE, SU FORT MYERS FL MGRM TEUFEL, THOMAS E 12051 WORLD PLAZA LANE, SU FORT MYERS FL MGRM REEVES, JAMES A 12051 WORLD PLAZA LANE, SU FORT MYERS FL EMODO2848266----04722799--01107--0231 11-19-99 ****198 75 ****188.79 11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.437(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal office as if gody under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this propriet required by Chapter 606. Florida Statutes, and that my name appears in Block 10, or on an

SIGNATURE:

INHSE10 R (12-98)